

**MEDI-CAL  
NOVEMBER 2007  
LOCAL ASSISTANCE ESTIMATE  
for  
FISCAL YEARS  
2007-08 and 2008-09**

**CURRENT YEAR**

Fiscal Forecasting and Data Management Branch  
State Department of Health Care Services  
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**ARNOLD SCHWARZENEGGER**  
Governor  
State of California

S. Kimberly Belshé  
Secretary  
California Health and Human Services Agency

Sandra Shewry  
Director  
Department of Health Care Services

## MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2007-08

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b>I. BASE ESTIMATES</b>			
A. C/Y FFS BASE	\$16,022,318,720	\$8,011,159,360	\$8,011,159,360
B. C/Y NON-FFS BASE	\$14,402,253,010	\$8,946,753,010	\$5,455,500,000
C. BASE ADJUSTMENTS	-\$263,280,000	-\$292,642,800	\$29,362,800
D. ADJUSTED BASE	<u>\$30,161,291,720</u>	<u>\$16,665,269,570</u>	<u>\$13,496,022,160</u>
<b>II. POLICY CHANGES</b>			
A. ELIGIBILITY	\$601,940,000	\$310,434,940	\$291,505,060
B. BENEFITS	\$348,162,100	\$393,395,350	-\$45,233,250
C. PHARMACY	-\$1,086,181,290	-\$549,829,540	-\$536,351,740
D. MANAGED CARE	\$97,918,000	\$78,005,600	\$19,912,400
E. PROVIDER RATES	\$109,288,540	\$62,625,770	\$46,662,770
F. HOSPITAL FINANCING	\$3,509,622,000	\$2,869,601,500	\$640,020,500
G. SUPPLEMENTAL PMNTS.	\$520,775,000	\$374,287,500	\$146,487,500
H. OTHER	-\$279,665,260	-\$211,853,630	-\$67,811,630
I. TOTAL CHANGES	<u>\$3,821,859,100</u>	<u>\$3,326,667,490</u>	<u>\$495,191,610</u>
<b>III. TOTAL MEDI-CAL ESTIMATE</b>	<u><u>\$33,983,150,820</u></u>	<u><u>\$19,991,937,050</u></u>	<u><u>\$13,991,213,770</u></u>

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2007-08

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b>ELIGIBILITY</b>				
1	FAMILY PLANNING INITIATIVE	\$432,110,000	\$302,278,100	\$129,831,900
2	BREAST AND CERVICAL CANCER TREATMENT	\$125,395,000	\$69,069,650	\$56,325,350
3	CHDP GATEWAY - PREENROLLMENT	\$18,678,000	\$12,140,700	\$6,537,300
4	BRIDGE TO HFP	\$14,315,000	\$9,304,750	\$5,010,250
5	REFUGEES	\$5,846,000	\$0	\$5,846,000
6	PE FOR HFP DISENROLLEES	\$2,392,820	\$1,196,410	\$1,196,410
7	ELIG. FOR CHILDREN IN MONTH PRIOR TO SSI/SSP GRAP	\$1,675,240	\$837,620	\$837,620
8	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$1,500,000	\$750,000	\$750,000
9	BCCTP RETROACTIVE COVERAGE	\$27,940	\$18,160	\$9,780
15	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0
16	NEW QUALIFIED ALIENS	\$0	-\$113,334,500	\$113,334,500
17	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$28,174,050	-\$28,174,050
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$601,940,000</b>	<b>\$310,434,940</b>	<b>\$291,505,060</b>
<b>BENEFITS</b>				
18	ADULT DAY HEALTH CARE - CDA	\$387,644,000	\$193,822,000	\$193,822,000
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$175,000,000	\$175,000,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$50,516,000	\$25,258,000	\$25,258,000
21	HUMAN PAPILLOMAVIRUS VACCINE	\$5,264,090	\$2,632,050	\$2,632,040
22	PRENATAL SCREENING EXPANSION	\$2,251,150	\$1,125,580	\$1,125,570
23	HOME TOCOLYTIC THERAPY	\$2,055,630	\$1,027,810	\$1,027,810
24	CONLAN V. BONTA	\$4,023,000	\$2,011,500	\$2,011,500
25	NEWBORN HEARING SCREENS EXPANSION	\$903,140	\$451,570	\$451,570
26	GENETIC DISEASE TESTING FEE INCREASE	\$759,070	\$379,540	\$379,540
27	NF A/B LEVEL OF CARE GROWTH	\$615,000	\$307,500	\$307,500
28	SELF-DIRECTED SERVICES WAIVER - CDDS	\$148,000	\$148,000	\$0
29	MONEY FOLLOWS THE PERSON DEMONSTRATION COST	\$87,000	\$65,000	\$22,000
30	NEW SERVICES FOR NF/AH & IHO WAIVERS	\$45,660	\$22,830	\$22,830
31	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	-\$4,056,500	\$4,056,500
32	FAMILY PACT STATE ONLY SERVICES	\$0	-\$2,500,000	\$2,500,000
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$128,824,800	-\$128,824,800
34	MONEY FOLLOWS THE PERSON DEMONSTRATION SAVIN	-\$112,000	-\$56,000	-\$56,000
35	EXPANSION OF NF/AH WAIVER (SB 643)	-\$1,230,000	-\$615,000	-\$615,000
36	ADULT DAY HEALTH CARE REFORMS	-\$6,060,760	-\$3,030,380	-\$3,030,380
136	UNSPECIFIED BUDGET REDUCTION	-\$254,534,000	-\$117,816,500	-\$136,717,500
143	DISCONTINUE ADULT SPEECH THERAPY SERVICES	\$0	\$0	\$0
144	DISCONTINUE ADULT CHIROPRACTIC SERVICES	\$0	\$0	\$0
148	DISCONTINUE ADULT ACUPUNCTURE SERVICES	-\$54,860	-\$27,430	-\$27,430
149	DISCONTINUE ADULT PSYCHOLOGY SERVICES	\$0	\$0	\$0
150	DISCONTINUE ADULT PODIATRY SERVICES	\$0	\$0	\$0

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2007-08

<b>POLICY CHG. NO.</b>	<b>CATEGORY &amp; TITLE</b>	<b>TOTAL FUNDS</b>	<b>FEDERAL FUNDS</b>	<b>STATE FUNDS</b>
<b><u>BENEFITS</u></b>				
154	DISCONTINUE ADULT OPTOMETRY/OPTOMETRIST SERV	\$0	\$0	\$0
155	DISCONTINUE ADULT OPTICIAN/OPTICAL LAB SERVICES	\$0	\$0	\$0
156	DISCONTINUE ADULT AUDIOLOGY SERVICES	\$0	\$0	\$0
157	DISCONTINUE ADULT OPTIONAL DENTAL SERVICES	-\$19,158,000	-\$9,579,000	-\$9,579,000
	<b>BENEFITS SUBTOTAL</b>	<b>\$348,162,110</b>	<b>\$393,395,360</b>	<b>-\$45,233,250</b>
<b><u>PHARMACY</u></b>				
37	HIV/AIDS PHARMACY PILOT PROGRAM	\$0	-\$1,251,000	\$1,251,000
38	NON FFP DRUGS	\$0	-\$545,000	\$545,000
39	ENTERAL NUTRITION PRODUCTS	-\$1,122,320	-\$561,160	-\$561,160
40	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$1,548,470	-\$774,230	-\$774,230
41	MEDICAL SUPPLY CONTRACTING	-\$2,095,510	-\$1,047,750	-\$1,047,750
42	MEDICAL SUPPLY REBATES	-\$4,000,000	-\$2,000,000	-\$2,000,000
44	AGED DRUG REBATE RESOLUTION	-\$9,000,000	-\$4,514,000	-\$4,486,000
45	FAMILY PACT DRUG REBATES	-\$32,734,000	-\$19,497,500	-\$13,236,500
46	DISPUTED DRUG REBATE RESOLUTIONS	-\$40,000,000	-\$20,250,400	-\$19,749,600
47	STATE SUPPLEMENTAL DRUG REBATES	-\$320,366,000	-\$160,681,400	-\$159,684,600
48	FEDERAL DRUG REBATE PROGRAM	-\$674,535,000	-\$338,317,100	-\$336,217,900
153	DISCONTINUE ADULT INCONTINENCE CREAMS & WASHE	-\$780,000	-\$390,000	-\$390,000
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,086,181,290</b>	<b>-\$549,829,550</b>	<b>-\$536,351,740</b>
<b><u>MANAGED CARE</u></b>				
54	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$66,362,000	\$33,181,000	\$33,181,000
57	MANAGED CARE EXPANSION - SAN LUIS OBISPO	\$11,179,000	\$5,589,500	\$5,589,500
58	MANAGED CARE EXPANSION - MARIN	\$9,233,000	\$4,616,500	\$4,616,500
59	RISK PAYMENTS FOR MANAGED CARE PLANS	\$8,000,000	\$4,000,000	\$4,000,000
60	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$886,000	\$443,000	\$443,000
62	MANAGED CARE EXPANSION - PLACER	\$2,311,000	\$1,155,500	\$1,155,500
64	MANAGED CARE NEW QUALIFIED ALIENS ADJUSTMENT	\$0	\$29,869,600	-\$29,869,600
65	MANAGED CARE ELIGIBILITY ADJUSTMENTS	\$0	-\$823,000	\$823,000
66	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
67	SBRHA CARVE-OUT OF AIDS DRUGS	-\$53,000	-\$26,500	-\$26,500
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$97,918,000</b>	<b>\$78,005,600</b>	<b>\$19,912,400</b>
<b><u>PROVIDER RATES</u></b>				
68	NF-B RATE CHANGES AND QA FEE	\$65,435,940	\$32,717,970	\$32,717,970
69	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$37,636,950	\$18,818,480	\$18,818,480
70	LTC RATE ADJUSTMENT	\$16,879,100	\$8,439,550	\$8,439,550
71	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$14,934,820	\$7,467,410	\$7,467,410
72	HOSPICE RATE INCREASES	\$5,706,460	\$2,853,230	\$2,853,230
73	NF/AH (NF A/B LOC) WAIVER CAP INCREASE	\$4,973,530	\$2,486,770	\$2,486,770
74	DME REIMBURSEMENT CHANGES	\$2,506,740	\$1,253,370	\$1,253,370

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2007-08

<b>POLICY CHG. NO.</b>	<b>CATEGORY &amp; TITLE</b>	<b>TOTAL FUNDS</b>	<b>FEDERAL FUNDS</b>	<b>STATE FUNDS</b>
<b><u>PROVIDER RATES</u></b>				
137	FAMILY PLANNING RATE INCREASE	\$28,041,000	\$21,982,000	\$6,059,000
147	REDUCTION TO PROVIDER PAYMENTS BY 10%	-\$66,826,000	-\$33,393,000	-\$33,433,000
158	REDUCTION TO NON-CONTRACT HOSP BY 10%	\$0	\$0	\$0
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$109,288,540</b>	<b>\$62,625,780</b>	<b>\$46,662,770</b>
<b><u>HOSPITAL FINANCING</u></b>				
75	HOSP FINANCING - DSH PMT	\$1,617,872,000	\$1,032,149,500	\$585,722,500
76	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEME	\$485,949,000	\$242,974,500	\$242,974,500
77	HOSP FINANCING - SAFETY NET CARE POOL	\$461,181,000	\$461,181,000	\$0
78	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$284,284,000	\$142,142,000	\$142,142,000
79	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN CO	\$226,721,000	\$226,721,000	\$0
80	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE	\$135,000,000	\$135,000,000	\$0
81	HOSP FINANCING - STABILIZATION FUNDING	\$100,903,000	\$50,451,500	\$50,451,500
82	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$80,396,000	\$80,396,000	\$0
83	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$64,998,000	\$32,499,000	\$32,499,000
84	HOSP FINANCING - DPH INTERIM RECONCILIATION	\$43,211,000	\$43,211,000	\$0
85	HOSP FINANCING - CCS AND GHPP	\$26,000,000	\$26,000,000	\$0
86	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$9,337,000	\$4,668,500	\$4,668,500
87	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$4,298,000	\$2,149,000	\$2,149,000
88	HOSP FINANCING - MIA LTC	\$0	\$14,743,000	-\$14,743,000
89	HOSP FINANCING - BCCTP	\$0	\$0	\$0
90	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$375,315,500	-\$375,315,500
91	HOSP FINANCING - DPH RATE RECONCILIATION	-\$30,528,000	\$0	-\$30,528,000
	<b>HOSPITAL FINANCING SUBTOTAL</b>	<b>\$3,509,622,000</b>	<b>\$2,869,601,500</b>	<b>\$640,020,500</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>				
92	CAPITAL PROJECT DEBT REIMBURSEMENT	\$127,945,000	\$63,972,500	\$63,972,500
93	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$125,000,000	\$125,000,000	\$0
94	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$50,000,000
95	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$65,000,000	\$65,000,000	\$0
96	FFP FOR LOCAL TRAUMA CENTERS	\$44,530,000	\$22,265,000	\$22,265,000
97	CERTIFICATION PAYMENTS FOR DP-NFS	\$37,800,000	\$37,800,000	\$0
98	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$12,500,000	\$6,250,000	\$6,250,000
99	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$4,000,000
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$520,775,000</b>	<b>\$374,287,500</b>	<b>\$146,487,500</b>
<b><u>OTHER</u></b>				
111	HEALTHY FAMILIES - CDMH	\$25,034,000	\$25,034,000	\$0
112	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$18,105,000	\$9,052,500	\$9,052,500
115	MINOR CONSENT SETTLEMENT	\$9,098,000	\$0	\$9,098,000
119	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000
121	ESTATE RECOVERY REGULATIONS	\$73,710	\$36,860	\$36,850

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2007-08

<b>POLICY CHG. NO.</b>	<b>CATEGORY &amp; TITLE</b>	<b>TOTAL FUNDS</b>	<b>FEDERAL FUNDS</b>	<b>STATE FUNDS</b>
	<b>OTHER</b>			
122	ANTI-FRAUD EXPANSION FOR FY 2004-05	\$0	\$0	\$0
123	INDIAN HEALTH SERVICES	\$0	\$6,000,000	-\$6,000,000
124	STATE-ONLY IMD ANCILLARY SERVICES	\$0	-\$36,000,000	\$36,000,000
125	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
126	ANTI-FRAUD EXPANSION FOR FY 2006-07	\$0	\$0	\$0
127	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	-\$67,000,000	\$67,000,000
128	ANTI-FRAUD EXPANSION FOR FY 2005-06	\$0	\$0	\$0
130	MEDICAL SUPPORT ENHANCEMENTS	-\$704,130	-\$352,070	-\$352,060
131	ENHANCED RECOVERIES GENERATED BY DRA OF 2005	-\$1,006,420	-\$503,210	-\$503,210
132	DENTAL RETROACTIVE RATE CHANGES	-\$2,286,000	-\$1,143,000	-\$1,143,000
133	EDS COST CONTAINMENT PROJECTS	-\$3,201,800	-\$1,600,900	-\$1,600,900
134	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$22,399,620	-\$11,199,810	-\$11,199,810
138	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	\$35,816,000	\$35,816,000	\$0
140	DELAY CHECKWRITE JUNE 2008 TO JULY 2008	-\$330,000,000	-\$165,000,000	-\$165,000,000
142	DISCONTINUE PART B PREMIUM FOR UNMET SOC BENE	-\$8,400,000	-\$4,200,000	-\$4,200,000
163	REDUCTION TO DEVEL. CTRS/STATE OP. SMALL FAC.	-\$794,000	-\$794,000	\$0
	<b>OTHER SUBTOTAL</b>	<b>-\$279,665,250</b>	<b>-\$211,853,630</b>	<b>-\$67,811,630</b>
	<b>GRAND TOTAL</b>	<b>\$3,821,859,110</b>	<b>\$3,326,667,500</b>	<b>\$495,191,610</b>

## MEDI-CAL EXPENDITURES BY SERVICE CATEGORY FISCAL YEAR 2007-08

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b>PROFESSIONAL</b>	\$4,236,262,840	\$2,375,369,930	\$1,860,892,910
PHYSICIANS	\$1,411,209,810	\$827,093,870	\$584,115,940
OTHER MEDICAL	\$1,996,609,480	\$1,040,532,660	\$956,076,810
COUNTY OUTPATIENT	\$206,521,010	\$158,320,750	\$48,200,250
COMMUNITY OUTPATIENT	\$621,922,540	\$349,422,640	\$272,499,910
<b>PHARMACY</b>	\$1,793,717,090	\$864,209,860	\$929,507,230
<b>HOSPITAL INPATIENT</b>	\$7,749,789,150	\$4,791,331,370	\$2,958,457,790
COUNTY INPATIENT	\$2,417,218,090	\$1,865,561,810	\$551,656,280
COMMUNITY INPATIENT	\$5,332,571,060	\$2,925,769,550	\$2,406,801,510
<b>LONG TERM CARE</b>	\$4,162,185,360	\$2,077,904,210	\$2,084,281,140
NURSING FACILITIES	\$3,763,796,810	\$1,879,596,120	\$1,884,200,690
ICF-DD	\$398,388,550	\$198,308,090	\$200,080,460
<b>OTHER SERVICES</b>	\$1,372,752,030	\$760,598,170	\$612,153,860
MEDICAL TRANSPORTATION	\$138,053,800	\$64,602,950	\$73,450,850
OTHER SERVICES	\$1,068,927,110	\$613,460,780	\$455,466,330
HOME HEALTH	\$165,771,120	\$82,534,440	\$83,236,680
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$19,314,706,470</b>	<b>\$10,869,413,540</b>	<b>\$8,445,292,930</b>
<b>MANAGED CARE</b>	\$6,061,854,310	\$3,044,729,310	\$3,017,125,000
TWO PLAN MODEL	\$3,373,796,000	\$1,678,201,200	\$1,695,594,800
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,844,802,860	\$937,903,480	\$906,899,380
GEOGRAPHIC MANAGED CARE	\$537,252,590	\$276,570,160	\$260,682,430
PHP & OTHER MANAG. CARE	\$306,002,850	\$152,054,460	\$153,948,390
<b>DENTAL</b>	\$556,490,850	\$269,974,950	\$286,515,910
<b>MENTAL HEALTH</b>	\$1,227,855,000	\$1,227,855,000	\$0
<b>AUDITS/ LAWSUITS</b>	\$14,808,000	-\$65,781,500	\$80,589,500
<b>EPSDT SCREENS</b>	\$61,501,020	\$31,550,170	\$29,950,850
<b>MEDICARE PAYMENTS</b>	\$3,203,713,000	\$926,962,500	\$2,276,750,500
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$322,491,000	\$322,491,000	\$0
<b>MISC. SERVICES</b>	\$3,510,668,000	\$3,500,374,500	\$10,293,500
<b>RECOVERIES</b>	-\$290,936,830	-\$135,632,420	-\$155,304,420
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$33,983,150,820</b>	<b>\$19,991,937,050</b>	<b>\$13,991,213,770</b>

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY  
NOVEMBER 2007 ESTIMATE COMPARED TO APPROPRIATION  
FISCAL YEAR 2007-08**

<b>SERVICE CATEGORY</b>	<b>2007-08 APPROPRIATION</b>	<b>NOV. 2007 EST. FOR 2007-08</b>	<b>DOLLAR DIFFERENCE</b>	<b>% CHANGE</b>
<b>PROFESSIONAL</b>	\$4,071,689,000	\$4,236,262,840	\$164,573,840	4.04
PHYSICIANS	\$1,193,043,230	\$1,411,209,810	\$218,166,580	18.29
OTHER MEDICAL	\$2,066,747,530	\$1,996,609,480	-\$70,138,060	-3.39
COUNTY OUTPATIENT	\$194,484,110	\$206,521,010	\$12,036,900	6.19
COMMUNITY OUTPATIENT	\$617,414,130	\$621,922,540	\$4,508,420	0.73
<b>PHARMACY</b>	\$1,770,738,370	\$1,793,717,090	\$22,978,730	1.30
<b>HOSPITAL INPATIENT</b>	\$7,886,481,160	\$7,749,789,150	-\$136,692,010	-1.73
COUNTY INPATIENT	\$2,526,769,230	\$2,417,218,090	-\$109,551,140	-4.34
COMMUNITY INPATIENT	\$5,359,711,930	\$5,332,571,060	-\$27,140,870	-0.51
<b>LONG TERM CARE</b>	\$4,216,513,670	\$4,162,185,360	-\$54,328,310	-1.29
NURSING FACILITIES	\$3,804,853,020	\$3,763,796,810	-\$41,056,210	-1.08
ICF-DD	\$411,660,650	\$398,388,550	-\$13,272,100	-3.22
<b>OTHER SERVICES</b>	\$1,385,329,940	\$1,372,752,030	-\$12,577,910	-0.91
MEDICAL TRANSPORTATION	\$136,887,420	\$138,053,800	\$1,166,370	0.85
OTHER SERVICES	\$1,079,445,290	\$1,068,927,110	-\$10,518,180	-0.97
HOME HEALTH	\$168,997,230	\$165,771,120	-\$3,226,110	-1.91
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$19,330,752,130</b>	<b>\$19,314,706,470</b>	<b>-\$16,045,660</b>	<b>-0.08</b>
<b>MANAGED CARE</b>	\$6,198,814,970	\$6,061,854,310	-\$136,960,660	-2.21
TWO PLAN MODEL	\$3,417,396,070	\$3,373,796,000	-\$43,600,070	-1.28
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,837,930,510	\$1,844,802,860	\$6,872,350	0.37
GEOGRAPHIC MANAGED CARE	\$577,887,500	\$537,252,590	-\$40,634,910	-7.03
PHP & OTHER MANAG. CARE	\$365,600,890	\$306,002,850	-\$59,598,030	-16.30
<b>DENTAL</b>	\$603,367,970	\$556,490,850	-\$46,877,110	-7.77
<b>MENTAL HEALTH</b>	\$1,120,547,000	\$1,227,855,000	\$107,308,000	9.58
<b>AUDITS/ LAWSUITS</b>	\$11,963,000	\$14,808,000	\$2,845,000	23.78
<b>EPSDT SCREENS</b>	\$65,001,030	\$61,501,020	-\$3,500,010	-5.38
<b>MEDICARE PAYMENTS</b>	\$3,294,959,000	\$3,203,713,000	-\$91,246,000	-2.77
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$315,541,000	\$322,491,000	\$6,950,000	2.20
<b>MISC. SERVICES</b>	\$3,342,665,000	\$3,510,668,000	\$168,003,010	5.03
<b>RECOVERIES</b>	-\$281,276,600	-\$290,936,830	-\$9,660,240	3.43
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$34,002,334,490</b>	<b>\$33,983,150,820</b>	<b>-\$19,183,670</b>	<b>-0.06</b>
<b>STATE FUNDS</b>	<b>\$14,250,596,720</b>	<b>\$13,991,213,770</b>	<b>-\$259,382,950</b>	<b>-1.82</b>



**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
NOVEMBER 2007 ESTIMATE COMPARED TO APPROPRIATION  
FISCAL YEAR 2007-08**

NO.	POLICY CHANGE TITLE	2007-08 APPROPRIATION		NOV. 2007 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>ELIGIBILITY</b>						
1	FAMILY PLANNING INITIATIVE	\$451,046,000	\$136,895,000	\$432,110,000	\$129,831,900	-\$18,936,000	-\$7,063,100
2	BREAST AND CERVICAL CANCER TREATMENT	\$106,430,000	\$48,328,450	\$125,395,000	\$56,325,350	\$18,965,000	\$7,996,900
3	CHDP GATEWAY - PREENROLLMENT	\$18,285,000	\$6,399,750	\$18,678,000	\$6,537,300	\$393,000	\$137,550
4	BRIDGE TO HFP	\$9,613,000	\$3,364,550	\$14,315,000	\$5,010,250	\$4,702,000	\$1,645,700
5	REFUGEES	\$5,596,000	\$5,596,000	\$5,846,000	\$5,846,000	\$250,000	\$250,000
6	PE FOR HFP DISENROLLEES	\$2,790,340	\$1,395,170	\$2,392,820	\$1,196,410	-\$397,520	-\$198,760
7	ELIG. FOR CHILDREN IN MONTH PRIOR TO SSI/SSP GR	\$4,880,720	\$2,440,360	\$4,997,740	\$2,498,870	\$117,020	\$58,510
8	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$5,000,000	\$2,500,000	\$1,500,000	\$750,000	-\$3,500,000	-\$1,750,000
9	BCCTP RETROACTIVE COVERAGE	\$789,170	\$276,210	\$111,760	\$39,120	-\$677,410	-\$237,090
15	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0	\$0	\$0	\$0
16	NEW QUALIFIED ALIENS	\$0	\$133,165,000	\$0	\$113,334,500	\$0	-\$19,830,500
17	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$19,480,200	\$0	-\$28,174,050	\$0	-\$8,693,850
--	DRA - MINOR CONSENT	\$0	\$18,893,500	\$0	\$0	\$0	-\$18,893,500
--	MEDI-CAL/HF BRIDGE PERFORMANCE STANDARDS	\$2,674,510	\$936,080	\$0	\$0	-\$2,674,510	-\$936,080
--	REDETERMINATION FORM SIMPLIFICATION	\$77,120,000	\$38,560,000	\$0	\$0	-\$77,120,000	-\$38,560,000
--	SB 437 - SELF-CERTIFICATION	\$0	\$0	\$0	\$0	\$0	\$0
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$684,224,730</b>	<b>\$379,269,860</b>	<b>\$605,346,310</b>	<b>\$293,195,640</b>	<b>-\$78,878,420</b>	<b>-\$86,074,220</b>
	<b>BENEFITS</b>						
18	ADULT DAY HEALTH CARE - CDA	\$395,175,000	\$197,587,500	\$387,644,000	\$193,822,000	-\$7,531,000	-\$3,765,500
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$175,000,000	\$0	\$175,000,000	\$0	\$0	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$50,516,000	\$25,258,000	\$50,516,000	\$25,258,000	\$0	\$0
21	HUMAN PAPILLOMAVIRUS VACCINE	\$11,255,990	\$5,628,000	\$10,831,460	\$5,415,730	-\$424,540	-\$212,270
22	PRENATAL SCREENING EXPANSION	\$11,157,890	\$5,578,950	\$8,990,210	\$4,495,110	-\$2,167,680	-\$1,083,840
23	HOME TOCOLYTIC THERAPY	\$2,996,840	\$1,498,420	\$2,055,630	\$1,027,810	-\$941,220	-\$470,610

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
NOVEMBER 2007 ESTIMATE COMPARED TO APPROPRIATION  
FISCAL YEAR 2007-08**

NO.	POLICY CHANGE TITLE	2007-08 APPROPRIATION		NOV. 2007 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>BENEFITS</b>						
24	CONLAN V. BONTA	\$17,755,730	\$8,877,860	\$4,023,000	\$2,011,500	-\$13,732,730	-\$6,866,360
25	NEWBORN HEARING SCREENS EXPANSION	\$296,560	\$148,280	\$903,140	\$451,570	\$606,580	\$303,290
26	GENETIC DISEASE TESTING FEE INCREASE	\$3,280,460	\$1,640,230	\$3,031,430	\$1,515,720	-\$249,030	-\$124,520
27	NF A/B LEVEL OF CARE GROWTH	\$3,487,380	\$1,743,690	\$615,000	\$307,500	-\$2,872,380	-\$1,436,190
28	SELF-DIRECTED SERVICES WAIVER - CDDS	\$312,000	\$0	\$148,000	\$0	-\$164,000	\$0
29	MONEY FOLLOWS THE PERSON DEMONSTRATION CO	\$0	\$0	\$87,000	\$22,000	\$87,000	\$22,000
30	NEW SERVICES FOR NF/AH & IHO WAIVERS	\$234,360	\$117,180	\$240,310	\$120,160	\$5,950	\$2,980
31	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	\$4,986,500	\$0	\$4,056,500	\$0	-\$930,000
32	FAMILY PACT STATE ONLY SERVICES	\$0	\$2,500,000	\$0	\$2,500,000	\$0	\$0
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$111,566,000	\$0	-\$128,824,800	\$0	-\$17,258,800
34	MONEY FOLLOWS THE PERSON DEMONSTRATION SA	\$0	\$0	-\$112,000	-\$56,000	-\$112,000	-\$56,000
35	EXPANSION OF NF/AH WAIVER (SB 643)	-\$433,000	-\$216,500	-\$1,230,000	-\$615,000	-\$797,000	-\$398,500
36	ADULT DAY HEALTH CARE REFORMS	-\$6,388,050	-\$3,194,030	-\$6,060,760	-\$3,030,380	\$327,290	\$163,640
136	UNSPECIFIED BUDGET REDUCTION	-\$644,893,000	-\$331,893,000	-\$254,534,000	-\$136,717,500	\$390,359,000	\$195,175,500
143	DISCONTINUE ADULT SPEECH THERAPY SERVICES	\$0	\$0	\$0	\$0	\$0	\$0
144	DISCONTINUE ADULT CHIROPRACTIC SERVICES	\$0	\$0	\$0	\$0	\$0	\$0
148	DISCONTINUE ADULT ACUPUNCTURE SERVICES	\$0	\$0	-\$54,860	-\$27,430	-\$54,860	-\$27,430
149	DISCONTINUE ADULT PSYCHOLOGY SERVICES	\$0	\$0	\$0	\$0	\$0	\$0
150	DISCONTINUE ADULT PODIATRY SERVICES	\$0	\$0	\$0	\$0	\$0	\$0
154	DISCONTINUE ADULT OPTOMETRY/OPTOMETRIST SEF	\$0	\$0	\$0	\$0	\$0	\$0
155	DISCONTINUE ADULT OPTICIAN/OPTICAL LAB SERVICE	\$0	\$0	\$0	\$0	\$0	\$0
156	DISCONTINUE ADULT AUDIOLOGY SERVICES	\$0	\$0	\$0	\$0	\$0	\$0
157	DISCONTINUE ADULT OPTIONAL DENTAL SERVICES	\$0	\$0	-\$19,158,000	-\$9,579,000	-\$19,158,000	-\$9,579,000
--	ELIMINATION OF PODIATRY TARS	\$199,200	\$99,600	\$0	\$0	-\$199,200	-\$99,600
--	RECONCILIATION WITH BUDGET ACT	\$395,000	\$197,500	\$0	\$0	-\$395,000	-\$197,500

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
NOVEMBER 2007 ESTIMATE COMPARED TO APPROPRIATION  
FISCAL YEAR 2007-08**

NO.	POLICY CHANGE TITLE	2007-08 APPROPRIATION		NOV. 2007 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>BENEFITS</b>						
	<b>BENEFITS SUBTOTAL</b>	<b>\$20,348,370</b>	<b>-\$191,007,820</b>	<b>\$362,935,550</b>	<b>-\$37,846,520</b>	<b>\$342,587,190</b>	<b>\$153,161,290</b>
	<b>PHARMACY</b>						
37	HIV/AIDS PHARMACY PILOT PROGRAM	\$650,000	\$1,300,000	\$0	\$1,251,000	-\$650,000	-\$49,000
38	NON FFP DRUGS	\$0	\$172,000	\$0	\$545,000	\$0	\$373,000
39	ENTERAL NUTRITION PRODUCTS	-\$12,900,600	-\$6,450,300	-\$4,622,400	-\$2,311,200	\$8,278,200	\$4,139,100
40	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$79,700,000	-\$39,850,000	-\$5,192,710	-\$2,596,350	\$74,507,290	\$37,253,650
41	MEDICAL SUPPLY CONTRACTING	-\$8,526,740	-\$4,263,370	-\$5,978,620	-\$2,989,310	\$2,548,120	\$1,274,060
42	MEDICAL SUPPLY REBATES	-\$3,500,000	-\$1,750,000	-\$4,000,000	-\$2,000,000	-\$500,000	-\$250,000
44	AGED DRUG REBATE RESOLUTION	-\$6,000,000	-\$2,990,800	-\$9,000,000	-\$4,486,000	-\$3,000,000	-\$1,495,200
45	FAMILY PACT DRUG REBATES	-\$34,765,000	-\$14,058,200	-\$32,734,000	-\$13,236,500	\$2,031,000	\$821,700
46	DISPUTED DRUG REBATE RESOLUTIONS	-\$40,000,000	-\$19,937,600	-\$40,000,000	-\$19,749,600	\$0	\$188,000
47	STATE SUPPLEMENTAL DRUG REBATES	-\$316,915,000	-\$157,964,300	-\$320,366,000	-\$159,684,600	-\$3,451,000	-\$1,720,300
48	FEDERAL DRUG REBATE PROGRAM	-\$667,269,000	-\$332,596,100	-\$674,535,000	-\$336,217,900	-\$7,266,000	-\$3,621,800
153	DISCONTINUE ADULT INCONTINENCE CREAMS & WASI	\$0	\$0	-\$780,000	-\$390,000	-\$780,000	-\$390,000
--	DRUG REIMBURSEMENT REDUCTION	-\$77,399,690	-\$38,699,850	\$0	\$0	\$77,399,690	\$38,699,850
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,246,326,030</b>	<b>-\$617,088,520</b>	<b>-\$1,097,208,720</b>	<b>-\$541,865,460</b>	<b>\$149,117,310</b>	<b>\$75,223,060</b>
	<b>MANAGED CARE</b>						
54	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$199,911,000	\$99,955,500	\$66,362,000	\$33,181,000	-\$133,549,000	-\$66,774,500
57	MANAGED CARE EXPANSION - SAN LUIS OBISPO	\$0	\$0	\$11,179,000	\$5,589,500	\$11,179,000	\$5,589,500
58	MANAGED CARE EXPANSION - MARIN	\$0	\$0	\$9,233,000	\$4,616,500	\$9,233,000	\$4,616,500
59	RISK PAYMENTS FOR MANAGED CARE PLANS	\$4,500,000	\$2,250,000	\$8,000,000	\$4,000,000	\$3,500,000	\$1,750,000
60	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$3,758,000	\$1,879,000	\$886,000	\$443,000	-\$2,872,000	-\$1,436,000
62	MANAGED CARE EXPANSION - PLACER	\$0	\$0	\$2,311,000	\$1,155,500	\$2,311,000	\$1,155,500
64	MANAGED CARE NEW QUALIFIED ALIENS ADJUSTMEN	\$0	\$0	\$0	-\$29,869,600	\$0	-\$29,869,600

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
NOVEMBER 2007 ESTIMATE COMPARED TO APPROPRIATION  
FISCAL YEAR 2007-08**

NO.	POLICY CHANGE TITLE	2007-08 APPROPRIATION		NOV. 2007 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<u>MANAGED CARE</u>						
65	MANAGED CARE ELIGIBILITY ADJUSTMENTS	\$0	\$823,000	\$0	\$823,000	\$0	\$0
66	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
67	SBRHA CARVE-OUT OF AIDS DRUGS	\$0	\$0	-\$53,000	-\$26,500	-\$53,000	-\$26,500
--	CAPITATED RATE METHODOLOGY PROJECT RATE INC	\$107,999,000	\$53,999,500	\$0	\$0	-\$107,999,000	-\$53,999,500
	MANAGED CARE SUBTOTAL	\$316,168,000	\$158,907,000	\$97,918,000	\$19,912,400	-\$218,250,000	-\$138,994,600
	<u>PROVIDER RATES</u>						
68	NF-B RATE CHANGES AND QA FEE	\$303,265,410	\$151,632,700	\$65,435,940	\$32,717,970	-\$237,829,460	-\$118,914,730
69	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$38,124,000	\$19,062,000	\$41,057,000	\$20,528,500	\$2,933,000	\$1,466,500
70	LTC RATE ADJUSTMENT	\$120,996,930	\$60,498,460	\$16,879,100	\$8,439,550	-\$104,117,820	-\$52,058,910
71	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$43,095,280	\$21,547,640	\$44,835,830	\$22,417,920	\$1,740,550	\$870,280
72	HOSPICE RATE INCREASES	\$10,887,310	\$5,443,650	\$7,743,880	\$3,871,940	-\$3,143,430	-\$1,571,710
73	NF/AH (NF A/B LOC) WAIVER CAP INCREASE	\$6,059,440	\$3,029,720	\$4,973,530	\$2,486,770	-\$1,085,910	-\$542,960
74	DME REIMBURSEMENT CHANGES	\$4,482,190	\$2,241,100	\$8,125,560	\$4,062,780	\$3,643,370	\$1,821,680
137	FAMILY PLANNING RATE INCREASE	\$0	\$0	\$28,041,000	\$6,059,000	\$28,041,000	\$6,059,000
147	REDUCTION TO PROVIDER PAYMENTS BY 10%	\$0	\$0	-\$66,826,000	-\$33,433,000	-\$66,826,000	-\$33,433,000
158	REDUCTION TO NON-CONTRACT HOSP BY 10%	\$0	\$0	\$0	\$0	\$0	\$0
	PROVIDER RATES SUBTOTAL	\$526,910,560	\$263,455,280	\$150,265,850	\$67,151,420	-\$376,644,710	-\$196,303,850
	<u>HOSPITAL FINANCING</u>						
75	HOSP FINANCING - DSH PMT	\$1,614,917,000	\$582,337,500	\$1,617,872,000	\$585,722,500	\$2,955,000	\$3,385,000
76	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEI	\$477,742,000	\$238,871,000	\$485,949,000	\$242,974,500	\$8,207,000	\$4,103,500
77	HOSP FINANCING - SAFETY NET CARE POOL	\$578,427,000	\$31,652,000	\$461,181,000	\$0	-\$117,246,000	-\$31,652,000
78	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$292,936,000	\$146,468,000	\$284,284,000	\$142,142,000	-\$8,652,000	-\$4,326,000
79	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN C	\$154,860,000	\$0	\$226,721,000	\$0	\$71,861,000	\$0
80	HOSP FINANCING - HEALTH CARE COVERAGE INITIATI'	\$150,000,000	\$0	\$135,000,000	\$0	-\$15,000,000	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
NOVEMBER 2007 ESTIMATE COMPARED TO APPROPRIATION  
FISCAL YEAR 2007-08**

NO.	POLICY CHANGE TITLE	2007-08 APPROPRIATION		NOV. 2007 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b><u>HOSPITAL FINANCING</u></b>						
81	HOSP FINANCING - STABILIZATION FUNDING	\$56,300,000	\$28,150,000	\$100,903,000	\$50,451,500	\$44,603,000	\$22,301,500
82	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$0	\$0	\$80,396,000	\$0	\$80,396,000	\$0
83	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$29,656,000	\$14,828,000	\$64,998,000	\$32,499,000	\$35,342,000	\$17,671,000
84	HOSP FINANCING - DPH INTERIM RECONCILIATION	\$40,565,000	\$0	\$43,211,000	\$0	\$2,646,000	\$0
85	HOSP FINANCING - CCS AND GHPP	\$26,000,000	\$0	\$26,000,000	\$0	\$0	\$0
86	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$27,181,000	\$0	\$9,337,000	\$4,668,500	-\$17,844,000	\$4,668,500
87	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,998,000	\$1,999,000	\$4,298,000	\$2,149,000	\$300,000	\$150,000
88	HOSP FINANCING - MIA LTC	\$0	-\$10,570,000	\$0	-\$14,743,000	\$0	-\$4,173,000
89	HOSP FINANCING - BCCTP	\$0	\$0	\$0	\$0	\$0	\$0
90	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	-\$364,500,000	\$0	-\$375,315,500	\$0	-\$10,815,500
91	HOSP FINANCING - DPH RATE RECONCILIATION	-\$30,528,000	-\$30,528,000	-\$30,528,000	-\$30,528,000	\$0	\$0
	<b>HOSPITAL FINANCING SUBTOTAL</b>	<b>\$3,422,054,000</b>	<b>\$638,707,500</b>	<b>\$3,509,622,000</b>	<b>\$640,020,500</b>	<b>\$87,568,000</b>	<b>\$1,313,000</b>
	<b><u>SUPPLEMENTAL PMNTS.</u></b>						
92	CAPITAL PROJECT DEBT REIMBURSEMENT	\$104,156,000	\$52,078,000	\$127,945,000	\$63,972,500	\$23,789,000	\$11,894,500
93	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$125,000,000	\$0	\$125,000,000	\$0	\$0	\$0
94	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$100,000,000	\$50,000,000	\$0	\$0
95	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$65,000,000	\$0	\$65,000,000	\$0	\$0	\$0
96	FFP FOR LOCAL TRAUMA CENTERS	\$44,000,000	\$22,000,000	\$44,530,000	\$22,265,000	\$530,000	\$265,000
97	CERTIFICATION PAYMENTS FOR DP-NFS	\$50,000,000	\$0	\$37,800,000	\$0	-\$12,200,000	\$0
98	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$12,500,000	\$6,250,000	\$2,500,000	\$1,250,000
99	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$506,156,000</b>	<b>\$133,078,000</b>	<b>\$520,775,000</b>	<b>\$146,487,500</b>	<b>\$14,619,000</b>	<b>\$13,409,500</b>
	<b><u>OTHER</u></b>						
111	HEALTHY FAMILIES - CDMH	\$24,002,000	\$0	\$25,034,000	\$0	\$1,032,000	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
NOVEMBER 2007 ESTIMATE COMPARED TO APPROPRIATION  
FISCAL YEAR 2007-08**

NO.	POLICY CHANGE TITLE	2007-08 APPROPRIATION		NOV. 2007 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>OTHER</b>						
112	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$18,105,000	\$9,052,500	\$18,105,000	\$9,052,500	\$0	\$0
115	MINOR CONSENT SETTLEMENT	\$9,098,000	\$9,098,000	\$9,098,000	\$9,098,000	\$0	\$0
119	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$0	\$0
121	ESTATE RECOVERY REGULATIONS	\$2,173,000	\$1,086,500	\$819,000	\$409,500	-\$1,354,000	-\$677,000
122	ANTI-FRAUD EXPANSION FOR FY 2004-05	\$0	\$0	\$0	\$0	\$0	\$0
123	INDIAN HEALTH SERVICES	\$0	-\$6,000,000	\$0	-\$6,000,000	\$0	\$0
124	STATE-ONLY IMD ANCILLARY SERVICES	\$0	\$12,000,000	\$0	\$36,000,000	\$0	\$24,000,000
125	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
126	ANTI-FRAUD EXPANSION FOR FY 2006-07	-\$88,060,000	-\$44,030,000	-\$46,730,000	-\$23,365,000	\$41,330,000	\$20,665,000
127	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	\$48,000,000	\$0	\$67,000,000	\$0	\$19,000,000
128	ANTI-FRAUD EXPANSION FOR FY 2005-06	\$0	\$0	\$0	\$0	\$0	\$0
130	MEDICAL SUPPORT ENHANCEMENTS	-\$1,739,070	-\$869,540	-\$704,130	-\$352,060	\$1,034,940	\$517,470
131	ENHANCED RECOVERIES GENERATED BY DRA OF 200	-\$1,216,500	-\$608,250	-\$1,006,420	-\$503,210	\$210,090	\$105,040
132	DENTAL RETROACTIVE RATE CHANGES	-\$603,000	-\$301,500	-\$2,286,000	-\$1,143,000	-\$1,683,000	-\$841,500
133	EDS COST CONTAINMENT PROJECTS	-\$3,010,440	-\$1,505,220	-\$7,672,660	-\$3,836,330	-\$4,662,220	-\$2,331,110
134	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$42,479,820	-\$21,239,910	-\$26,368,000	-\$13,184,000	\$16,111,820	\$8,055,910
138	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$0	\$0	\$35,816,000	\$0	\$35,816,000	\$0
140	DELAY CHECKWRITE JUNE 2008 TO JULY 2008	\$0	\$0	-\$330,000,000	-\$165,000,000	-\$330,000,000	-\$165,000,000
142	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	\$0	\$0	-\$8,400,000	-\$4,200,000	-\$8,400,000	-\$4,200,000
163	REDUCTION TO DEVEL. CTRS/STATE OP. SMALL FAC.	\$0	\$0	-\$794,000	\$0	-\$794,000	\$0
--	NEW RECOVERY ACTIVITIES	-\$27,900,000	-\$13,950,000	\$0	\$0	\$27,900,000	\$13,950,000
	<b>OTHER SUBTOTAL</b>	<b>-\$110,630,830</b>	<b>-\$8,267,410</b>	<b>-\$334,089,200</b>	<b>-\$95,023,600</b>	<b>-\$223,458,380</b>	<b>-\$86,756,190</b>
	<b>GRAND TOTAL</b>	<b>\$4,118,904,790</b>	<b>\$757,053,890</b>	<b>\$3,815,564,780</b>	<b>\$492,031,880</b>	<b>-\$3,515,539,270</b>	<b>-\$480,190,630</b>

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**FISCAL YEAR 2007-08 COST PER ELIGIBLE BASED ON NOVEMBER 2007 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>PA-OAS</b>	<b>PA-AB</b>	<b>PA-ATD</b>	<b>PA-AFDC</b>	<b>LT-OAS</b>	<b>LT-AB</b>
PHYSICIANS	\$35,704,460	\$8,496,990	\$333,366,630	\$69,808,300	\$4,429,330	\$65,830
OTHER MEDICAL	\$70,401,920	\$16,946,320	\$472,081,260	\$176,093,740	\$7,216,760	\$240,940
COUNTY OUTPATIENT	\$1,566,170	\$781,590	\$37,791,550	\$6,718,500	\$126,380	\$240
COMMUNITY OUTPATIENT	\$23,424,370	\$4,083,360	\$210,171,190	\$42,648,610	\$1,268,700	\$14,970
PHARMACY	\$54,992,940	\$22,598,330	\$1,154,523,330	\$91,772,850	\$10,595,060	\$236,230
COUNTY INPATIENT	\$6,468,280	\$1,603,510	\$138,017,070	\$23,661,820	\$1,212,500	\$55,120
COMMUNITY INPATIENT	\$171,751,940	\$29,026,870	\$1,117,966,940	\$224,587,810	\$27,606,290	\$106,720
NURSING FACILITIES	\$434,872,370	\$25,952,060	\$659,822,630	\$2,404,220	\$1,859,677,480	\$7,091,110
ICF-DD	\$449,730	\$9,462,880	\$184,841,240	\$583,220	\$20,997,920	\$3,707,980
MEDICAL TRANSPORTATION	\$16,130,770	\$4,923,230	\$61,864,220	\$4,883,870	\$4,546,280	\$115,190
OTHER SERVICES	\$147,879,770	\$13,204,310	\$477,614,230	\$41,396,150	\$65,326,550	\$333,140
HOME HEALTH	\$114,920	\$11,232,820	\$90,450,080	\$3,750,280	\$2,430	\$0
<b>FFS SUBTOTAL</b>	<b>\$963,757,630</b>	<b>\$148,312,280</b>	<b>\$4,938,510,390</b>	<b>\$688,309,380</b>	<b>\$2,003,005,670</b>	<b>\$11,967,480</b>
DENTAL	\$34,741,800	\$2,071,520	\$80,473,180	\$103,926,970	\$4,352,610	\$18,210
TWO PLAN MODEL	\$21,361,290	\$6,730,280	\$523,492,710	\$856,203,230	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$128,250,910	\$12,957,010	\$482,912,550	\$151,857,330	\$289,532,960	\$613,600
GEOGRAPHIC MANAGED CARE	\$3,801,890	\$535,480	\$39,089,900	\$194,907,460	\$0	\$0
PHP & OTHER MANAG. CARE	\$69,544,430	\$2,173,690	\$97,225,620	\$9,474,780	\$43,453,200	\$130,840
EPSDT SCREENS	\$0	\$0	\$0	\$14,797,440	\$0	\$0
MEDICARE PAYMENTS	\$1,012,423,270	\$54,919,410	\$1,526,707,990	\$0	\$139,857,380	\$1,811,490
STATE HOSP./DEVELOPMENTAL CNTRS.	\$1,484,950	\$2,446,320	\$82,036,140	\$2,884,680	\$7,084,500	\$438,500
MISC. SERVICES	\$534,223,560	\$31,853,650	\$2,146,413,620	\$1,328,890	\$0	\$0
<b>NON-FFS SUBTOTAL</b>	<b>\$1,805,832,110</b>	<b>\$113,687,350</b>	<b>\$4,978,351,710</b>	<b>\$1,335,380,790</b>	<b>\$484,280,640</b>	<b>\$3,012,640</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$2,769,589,740</b>	<b>\$261,999,640</b>	<b>\$9,916,862,100</b>	<b>\$2,023,690,170</b>	<b>\$2,487,286,310</b>	<b>\$14,980,110</b>
<b>ELIGIBLES ***</b>	<b>396,100</b>	<b>23,400</b>	<b>915,000</b>	<b>1,178,600</b>	<b>47,800</b>	<b>200</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$6,992</b>	<b>\$11,197</b>	<b>\$10,838</b>	<b>\$1,717</b>	<b>\$52,035</b>	<b>\$74,901</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$583</b>	<b>\$933</b>	<b>\$903</b>	<b>\$143</b>	<b>\$4,336</b>	<b>\$6,242</b>

(1) Does not include Audits &amp; Lawsuits, Recoveries, and Mental Health Services.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

**Excluded policy changes: 35. Refer to page following report for listing.**

**FISCAL YEAR 2007-08 COST PER ELIGIBLE BASED ON NOVEMBER 2007 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>LT-ATD</b>	<b>MN-OAS</b>	<b>MN-AB</b>	<b>MN-ATD</b>	<b>MN-AFDC</b>	<b>MI-C</b>
PHYSICIANS	\$6,927,250	\$57,458,680	\$749,950	\$64,632,330	\$313,336,290	\$36,660,000
OTHER MEDICAL	\$6,483,500	\$83,675,620	\$2,502,030	\$124,623,390	\$481,185,420	\$77,731,500
COUNTY OUTPATIENT	\$454,700	\$6,338,140	\$71,450	\$15,006,340	\$31,649,700	\$3,366,330
COMMUNITY OUTPATIENT	\$1,170,150	\$22,353,040	\$159,360	\$35,105,580	\$125,589,820	\$15,229,390
PHARMACY	\$15,871,540	\$87,302,920	\$776,770	\$103,297,310	\$170,586,160	\$44,376,080
COUNTY INPATIENT	\$15,665,620	\$21,502,780	\$756,580	\$155,836,150	\$197,413,590	\$16,308,300
COMMUNITY INPATIENT	\$40,000,090	\$135,643,360	\$2,522,710	\$328,738,730	\$1,078,739,740	\$115,697,780
NURSING FACILITIES	\$454,436,390	\$228,244,090	\$1,747,070	\$69,021,880	\$20,018,970	\$8,045,740
ICF-DD	\$177,150,620	\$86,390	\$0	\$6,610,780	\$782,490	\$2,821,720
MEDICAL TRANSPORTATION	\$2,625,380	\$12,170,350	\$399,420	\$14,770,810	\$12,950,360	\$1,829,860
OTHER SERVICES	\$14,318,650	\$110,905,200	\$558,520	\$80,769,430	\$113,617,200	\$14,474,070
HOME HEALTH	\$38,900	\$723,760	\$71,030	\$47,020,890	\$9,189,180	\$7,316,690
<b>FFS SUBTOTAL</b>	<b>\$735,142,800</b>	<b>\$766,404,350</b>	<b>\$10,314,880</b>	<b>\$1,045,433,620</b>	<b>\$2,555,058,930</b>	<b>\$343,857,450</b>
DENTAL	\$1,311,250	\$18,889,430	\$52,670	\$9,778,260	\$261,792,400	\$20,615,750
TWO PLAN MODEL	\$0	\$21,458,630	\$145,370	\$27,975,670	\$1,718,629,100	\$35,602,450
COUNTY ORGANIZED HEALTH SYSTEMS	\$108,763,040	\$72,081,450	\$264,390	\$74,653,510	\$428,479,460	\$20,964,180
GEOGRAPHIC MANAGED CARE	\$0	\$2,195,460	\$0	\$2,088,360	\$251,820,230	\$6,450,070
PHP & OTHER MANAG. CARE	\$9,859,510	\$35,356,740	\$51,460	\$10,693,280	\$23,318,080	\$1,789,280
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$37,711,150	\$2,829,760
MEDICARE PAYMENTS	\$33,181,520	\$255,142,800	\$1,926,160	\$163,638,790	\$14,104,210	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$216,580,610	\$438,190	\$219,090	\$1,235,460	\$5,117,950	\$846,590
MISC. SERVICES	\$0	\$290,465,650	\$809,840	\$260,812,210	\$3,347,490	\$252,420
<b>NON-FFS SUBTOTAL</b>	<b>\$369,695,930</b>	<b>\$696,028,350</b>	<b>\$3,468,980</b>	<b>\$550,875,540</b>	<b>\$2,744,320,060</b>	<b>\$89,350,510</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$1,104,838,730</b>	<b>\$1,462,432,700</b>	<b>\$13,783,850</b>	<b>\$1,596,309,160</b>	<b>\$5,299,378,990</b>	<b>\$433,207,970</b>
<b>ELIGIBLES ***</b>	<b>15,000</b>	<b>224,500</b>	<b>600</b>	<b>121,700</b>	<b>2,981,000</b>	<b>224,500</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$73,656</b>	<b>\$6,514</b>	<b>\$22,973</b>	<b>\$13,117</b>	<b>\$1,778</b>	<b>\$1,930</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$6,138</b>	<b>\$543</b>	<b>\$1,914</b>	<b>\$1,093</b>	<b>\$148</b>	<b>\$161</b>

(1) Does not include Audits &amp; Lawsuits, Recoveries, and Mental Health Services.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

**Excluded policy changes: 35. Refer to page following report for listing.**



**FISCAL YEAR 2007-08 COST PER ELIGIBLE BASED ON NOVEMBER 2007 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>MI-A</b>	<b>REFUGEE</b>	<b>OBRA</b>	<b>POV 185</b>	<b>POV 133</b>	<b>POV 100</b>
PHYSICIANS	\$3,385,480	\$678,570	\$30,529,780	\$185,949,660	\$4,413,260	\$4,587,790
OTHER MEDICAL	\$2,541,350	\$1,057,040	\$45,745,680	\$185,349,070	\$15,967,890	\$9,332,740
COUNTY OUTPATIENT	\$362,660	\$167,920	\$4,849,710	\$8,478,950	\$565,940	\$484,880
COMMUNITY OUTPATIENT	\$1,109,350	\$120,640	\$8,435,090	\$29,385,850	\$2,835,600	\$3,006,870
PHARMACY	\$3,547,140	\$757,370	\$14,967,120	\$16,147,850	\$3,154,210	\$4,465,320
COUNTY INPATIENT	\$2,389,570	\$16,670	\$51,931,330	\$54,315,690	\$813,890	\$1,285,950
COMMUNITY INPATIENT	\$9,200,380	\$325,370	\$127,519,760	\$407,669,540	\$10,116,630	\$12,860,520
NURSING FACILITIES	\$43,592,670	\$0	\$19,330,930	\$0	\$0	\$0
ICF-DD	\$2,544,890	\$0	\$589,320	\$0	\$0	\$0
MEDICAL TRANSPORTATION	\$259,390	\$13,030	\$3,047,810	\$1,782,310	\$357,460	\$255,900
OTHER SERVICES	\$910,030	\$66,130	\$3,243,720	\$12,925,090	\$4,239,290	\$3,549,840
HOME HEALTH	\$23,090	\$1,370	\$116,720	\$924,120	\$403,650	\$602,570
<b>FFS SUBTOTAL</b>	<b>\$69,865,990</b>	<b>\$3,204,110</b>	<b>\$310,306,980</b>	<b>\$902,928,120</b>	<b>\$42,867,820</b>	<b>\$40,432,370</b>
DENTAL	\$289,660	\$1,075,260	\$119,980	\$256,160	\$8,451,270	\$8,951,030
TWO PLAN MODEL	\$1,909,500	\$1,106,410	\$0	\$37,892,210	\$64,406,200	\$53,683,460
COUNTY ORGANIZED HEALTH SYSTEMS	\$2,832,930	\$224,960	\$2,933,280	\$19,877,480	\$24,398,140	\$16,696,990
GEOGRAPHIC MANAGED CARE	\$54,670	\$215,990	\$0	\$8,145,710	\$15,207,580	\$11,642,930
PHP & OTHER MANAG. CARE	\$23,320	\$0	\$0	\$1,422,570	\$791,830	\$676,990
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,369,360	\$1,144,300
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$599,760	\$0	\$205,220	\$747,860	\$0	\$125,200
MISC. SERVICES	\$2,990	\$0	\$0	\$182,180	\$23,700	\$19,800
<b>NON-FFS SUBTOTAL</b>	<b>\$5,712,820</b>	<b>\$2,622,620</b>	<b>\$3,258,480</b>	<b>\$68,524,170</b>	<b>\$114,648,070</b>	<b>\$92,940,680</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$75,578,810</b>	<b>\$5,826,740</b>	<b>\$313,565,460</b>	<b>\$971,452,290</b>	<b>\$157,515,880</b>	<b>\$133,373,050</b>
<b>ELIGIBLES ***</b>	<b>3,000</b>	<b>2,500</b>	<b>71,300</b>	<b>213,800</b>	<b>115,200</b>	<b>103,500</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$25,193</b>	<b>\$2,331</b>	<b>\$4,398</b>	<b>\$4,544</b>	<b>\$1,367</b>	<b>\$1,289</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$2,099</b>	<b>\$194</b>	<b>\$366</b>	<b>\$379</b>	<b>\$114</b>	<b>\$107</b>

(1) Does not include Audits &amp; Lawsuits, Recoveries, and Mental Health Services.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

**Excluded policy changes: 35. Refer to page following report for listing.**

**FISCAL YEAR 2007-08 COST PER ELIGIBLE BASED ON NOVEMBER 2007 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>TOTAL</b>
PHYSICIANS	\$1,161,180,580
OTHER MEDICAL	\$1,779,176,160
COUNTY OUTPATIENT	\$118,781,150
COMMUNITY OUTPATIENT	\$526,111,940
PHARMACY	\$1,799,968,540
COUNTY INPATIENT	\$689,254,420
COMMUNITY INPATIENT	\$3,840,081,190
NURSING FACILITIES	\$3,834,257,630
ICF-DD	\$410,629,190
MEDICAL TRANSPORTATION	\$142,925,640
OTHER SERVICES	\$1,105,331,300
HOME HEALTH	\$171,982,510
<b>FFS SUBTOTAL</b>	<b>\$15,579,680,260</b>
DENTAL	\$557,167,410
TWO PLAN MODEL	\$3,370,596,510
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,838,294,170
GEOGRAPHIC MANAGED CARE	\$536,155,730
PHP & OTHER MANAG. CARE	\$305,985,640
EPSDT SCREENS	\$57,852,000
MEDICARE PAYMENTS	\$3,203,713,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$322,491,000
MISC. SERVICES	\$3,269,736,000
<b>NON-FFS SUBTOTAL</b>	<b>\$13,461,991,460</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$29,041,671,710</b>
<b>ELIGIBLES ***</b>	<b>6,637,700</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$4,375</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$365</b>

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

**Excluded policy changes: 35. Refer to page following report for listing.**

**FISCAL YEAR 2007-08 COST PER ELIGIBLE BASED ON NOVEMBER 2007 ESTIMATE**

## EXCLUDED POLICY CHANGES: 35

1	FAMILY PLANNING INITIATIVE
2	BREAST AND CERVICAL CANCER TREATMENT
3	CHDP GATEWAY - PREENROLLMENT
4	BRIDGE TO HFP
9	BCCTP RETROACTIVE COVERAGE
13	STATE-FUNDED KINGAP
31	CDSS SHARE OF COST PAYMENT FOR IHSS
45	FAMILY PACT DRUG REBATES
65	MANAGED CARE ELIGIBILITY ADJUSTMENTS
75	HOSP FINANCING - DSH PMT
76	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEMENT
77	HOSP FINANCING - SAFETY NET CARE POOL
78	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT
79	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN COSTS
80	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE
81	HOSP FINANCING - STABILIZATION FUNDING
82	HOSP FINANCING - SOUTH LA PRESERVATION FUND
83	HOSP FINANCING - DISTRESSED HOSPITAL FUND
85	HOSP FINANCING - CCS AND GHPP
87	HOSP FINANCING - NDPH SUPPLEMENTAL PMT
90	BASE ADJUSTMENT - DPH INTERIM RATE
91	HOSP FINANCING - DPH RATE RECONCILIATION
92	CAPITAL PROJECT DEBT REIMBURSEMENT
93	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
94	IGT FOR NON-SB 1100 HOSPITALS
96	FFP FOR LOCAL TRAUMA CENTERS
97	CERTIFICATION PAYMENTS FOR DP-NFS
98	DSH OUTPATIENT PAYMENT METHOD CHANGE
99	SRH OUTPATIENT PAYMENT METHOD CHANGE
108	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
111	HEALTHY FAMILIES - CDMH
115	MINOR CONSENT SETTLEMENT

**FISCAL YEAR 2007-08 COST PER ELIGIBLE BASED ON NOVEMBER 2007 ESTIMATE**

EXCLUDED POLICY CHANGES: 35

132	DENTAL RETROACTIVE RATE CHANGES
136	UNSPECIFIED BUDGET REDUCTION
140	DELAY CHECKWRITE JUNE 2008 TO JULY 2008